

SURPLUS REQUEST FORM

Please print clearly.

Requesting Subdivision: _____

Address: _____

Billing Address: _____
(If different) _____

Contact Person: _____ Telephone No: _____

Signature: _____ Date: _____

Chief Procurement Officer: _____

Signature: _____ Date: _____

Federal ID Number (9 digits): _____

State Agency
Offering Surplus: _____

Address: _____

Contact Person: _____ Telephone No: _____

| Description | Item Number | No. of Units | Purchase Price (per unit) | Total Price |
|-------------|----------------|-----------------|---------------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional pages if necessary.

(SSPO USE ONLY)

APPROVED ☐

NOT APPROVED ☐